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SERIAL NUMBER 10/624,979	FILING DATE 07/22/2003 RULE	CLASS 005	GROUP ART UNIT 3673	ATTORNEY DOCKET NO. 7175-70579
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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 10/090,723 03/04/2002 PAT 6,618,882
 which is a DIV of 09/780,803 02/09/2001 PAT 6,412,126
 which is a DIV of 09/131,080 08/07/1998 PAT 6,282,738

O.K.R.S.

** FOREIGN APPLICATIONS *****

none R.S.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 08/09/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>Robert H. Turner R.C.S.</i> Examiner's Signature Initials	STATE OR COUNTRY OH	SHEETS DRAWING 16	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 7
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ADDRESS
 23643
 BARNES & THORNBURG
 11 SOUTH MERIDIAN
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 46204

TITLE
 OB/GYN stretcher

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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